

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED			AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
IND	DEP		IND	DEP	IND	DEP	IND	DEP
1			1				51	
2	1		1				52	
3	2		2				53	
4	2		2				54	
5	2		2				55	
6	2		2				56	
7	2		2				57	
8	1		1				58	
9	2		2				59	
10	1		2				60	
11	2		2				61	
12	2		2				62	
13	2		2				63	
14	2		2				64	
15	1		1				65	
16			1				66	
17	2		2				67	
18	2		2				68	
19	2		2				69	
20	2		2				70	
21	2		2				71	
22	2		2				72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3		3				TOTAL IND.	
TOTAL DEP.	1		34				TOTAL DEP.	
TOTAL CLAIMS	7	2	37				TOTAL CLAIMS	